

EXHIBIT 5

COPY

NFL CONCUSSION QUESTIONNAIRE

Personal and Confidential

Please complete the following information as completely as possible. If you need more space, continue your answer(s) on separate sheets clearly marking the section and question number(s) (i.e., I. Identifying Information, Question No. 1). All information provided is confidential and will not be provided to a third party without your consent.

I. CONTACT INFORMATION

1. Name of person completing this questionnaire: Rickey Dixon
2. Contact Information: Mailing Address: 908 Country Creek Ln
Reel Oak, TX 75154
Primary Phone: 469-245-3421 Secondary Phone: 972-576-3003
E-mail address: dixonldixon4@aol.com
3. If you are completing this form on behalf of someone else, please answer the following: N/A
What is your relationship to the injured party? _____
Why are you completing this form on his/her behalf? (ex: disability, dementia)

4. If the injured party has died, please answer the following: N/A
Date of death: _____
Name of Personal Representative or Executor: _____
Identify all known beneficiaries and their relationship to the decedent:
N/A

II. INJURED PARTY INFORMATION

(The remaining information in this questionnaire concerns only the injured party)

5. Name of injured party if different from above: _____
6. Date of Birth: 12/15/65
7. Social Security Number: 457-37-2450
8. Marital Status: Married ☒ Single _____ Separated _____
9. Name of Spouse, if married: Lorraine Dixon
10. Names and ages of children, if any: Brianna 21, Ricky Jr. 16, Cameron 15 and Alexa 4
11. Current occupation, if any: unemployed
12. Have you ever filed a lawsuit before? NO If yes, please state the nature of the lawsuit, when it was filed, and the result: _____
13. As an adult, have you ever been convicted of a felony, or any other crime involving fraud or dishonesty? NO If yes, please explain: with someone who stole some clothes about 30 yrs. ago

III. PLAYING CAREER INFORMATION

14. Please list the names of all professional football teams you played for, the positions played, and the years you played there:
- Cincinnati Bengals, corner, safety +
special teams
- L.A. Raiders same as above
15. Describe why you stopped playing professional football:
- Injuries

IV. INJURY INFORMATION

16. While playing professional football, did you ever suffer a concussion or serious blow to the head that you suspect was a concussion? Yes/No (circle one)

a. If yes, how many distinct injuries of this type did you suffer: 4+;

17. For each concussion or serious blow to the head you suffered, please complete the following information. If you need more space, please use the back of this page.

- a. Date of injury (as specific as possible): playing for Bengals + Bengals
see reports
- b. Team playing for at time of injury: Bengals + Raiders
- c. Describe the injury and incident that caused it:

TACKLES

- d. Did you receive treatment at the time of the injury? Yes/No (circle one)

i. If no, describe why not:

was told no treatment needed

ii. If yes, describe:

- i) Who treated you (be as specific as possible, listing the occupation of the treating person – e.g., team physician, trainer, teammate, etc. - the person's name, and any other information regarding the person or his/her whereabouts):

N/A

ii) When you were treated (e.g., on the field, days later, etc.):

NA

iii) The specific treatment you received:

NA

iv) What, if anything, were you told about the injury and how it should be treated:

Nothing was told to me. I would be OK to play the following week

v) Were you ever told or was it ever suggested to you that your head injury was not a serious injury or that you should "suck it up" and play through it? If yes, describe who told you this and what they said:

Yes. I would be OK. OK to shake it off

vi) Describe if and when you returned to active participation in practice/games for your team following your head injury:

The following week

e. Describe any symptoms you suffered at the time of the injury:

headaches, forgetfulness,
foggy, blurred vision.

f. Did you suffer ongoing symptoms after the time of the injury? Yes/No (circle one)

i. If yes, describe the symptoms, how long they lasted, and any ongoing treatment you received:

headaches, memory loss,
blurred vision

g. Do you still suffer symptoms from your injury to this day? Yes/ No (circle one)

i. If yes, describe the symptoms and any treatment you are presently receiving:

memory loss, lightheadedness, headaches

h. Has any doctor ever told you that your head injuries were permanent? If yes, please describe:

NO

18. Did any NFL team you play for ever provide information to you about the risks of concussion, how to avoid getting a concussion, how to identify a concussion, or what steps you should take if you believed you suffered a concussion? Yes/ No (circle one). If yes, please describe:

a. Who provided you such information, when, and where:

NO

b. Information you received:

N/A

19. Prior to your professional football career, did you ever suffer a concussion or serious blow to the head that you suspect was a concussion? Yes/ No (circle one)

a. If yes, please list all such injuries, when they occurred, and the circumstances surrounding each such injury

V. MEDICAL TREATMENT

20. Please provide us with the following information for *each* doctor, orthopedic specialist, chiropractor, physical therapist, or any health care professional who treated you for any symptoms you believe are related to head injuries you suffered as an NFL player. Please use additional sheets if necessary.

a. Name of health care provider:

Dr. Ingram, please see reports

b. Address of health care provider:

7310 S Westmoreland Suite #1
Dallas, TX 75237

c. Treatment sought:

treatment on physical injuries

d. Dates of treatment:

Numerous

21. Please provide us with the following information regarding any hospital, emergency room or urgent care clinic where you were treated for any symptoms you believe are related to head injuries you suffered as an NFL player:

a. Name of hospital or clinic:

N/A

b. Address of hospital or clinic:

c. Treatment sought:

d. Dates of treatment:

22. Has any physician or health care provider ever associated your symptoms with playing professional football? Yes/ No (circle one)

If yes, please state which doctor, what he/she said and when:

Dr. Ingram

VI. ECONOMIC AND OTHER LOSSES

23. Have you lost time from work due to your professional football-related head injuries? Yes/ No (circle one.) If yes, please explain:

a. What type of work were you performing:

b. Why did you need to miss work:

VI. ECONOMIC AND OTHER LOSSES

23. Have you lost time from work due to your professional football-related head injuries?
Yes/No (circle one.) If yes, please explain: I am on disability
- a. What type of work were you performing:
- N/A
- b. Why did you need to miss work:
- N/A
- c. Time missed from work:
- N/A
- d. Salary/wages:
- N/A
24. What limitations do you have as a result of your professional football-related head injuries?
- memory loss, depression and headaches

25. Have you incurred medical expenses out of pocket as a result of seeking treatment for professional football-related head injuries? Yes No (circle one). If yes, please state:

a. Amounts paid out of pocket by you:

1,000 +

b. Dates of payments:

2011-2012

c. Circumstances of payments (e.g., name of health care provider, treatment sought):

Blue Cross Blue Shield

26. Have you ever filed a Workers Comp claim specifically related to your head injuries? If yes, please provide details: NO

a. When you filed Workers Comp claim: _____

b. Where you filed claim (city and state): _____

c. What injuries were included in your claim (note specifically whether head injuries, concussion, cognitive impairment or the like were part of your claim):

N/A

d. Outcome of claim: N/A

Please provide any useful details concerning what has happened to you as a result of any concussions or head injuries you suffered as an NFL player. Please describe how this has affected your life on the back of this page. Please be as specific as possible and use additional sheets of paper if necessary.

Thank you for taking the time to complete this questionnaire!

I had several head to head collisions while playing as a defensive back for the NFL.

I was never told of the seriousness of the injuries nor were the injuries ever treated.

As a result ~~has~~ I have stages of depression, short term memory loss and headaches.

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ZIMMERMAN REED, P.L.L.P.
NFL HEAD INJURY QUESTIONNAIRE
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Please complete the following information as completely as possible. If you need more space, continue your answer(s) on separate sheets. All information provided is confidential and will not be provided to a third party without your consent.

INJURY RELATED INFORMATION:

1. To the best of your knowledge, have you ever been told by a doctor or any other health care provider, that you have or had any of the following:

a.	ALS (Lou Gehrig's Disease)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b.	Parkinson's Disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c.	Alzheimer's	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d.	Dementia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e.	Chronic Headaches/Migraines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f.	Blurry Vision	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g.	Depression	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h.	Sleep Apnea	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i.	CTE (Chronic Traumatic Encephalopathy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j.	Dizziness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k.	Memory Loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l.	Impulse Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>
m.	Neurocognitive Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
n.	Irritability/Anxiousness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
o.	Numbness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, where: _____		
p.	Tinnitus (Ring of the Ears)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
q.	Chronic Brain Injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>
r.	Fatigue	Yes <input type="checkbox"/>	No <input type="checkbox"/>
s.	Suicidal Thoughts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
t.	Neck/Cervical Arthritis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
u.	Forgetfulness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
u.	Other: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, specify: _____		

2. If you responded yes to any of the above, please identify the condition, the date of onset and state the name of the physician or other healthcare provider who made the diagnosis or informed you of the condition.

a. Condition: ALS

Date of Onset: 2012 diagnosed 7/8/13

Attorney/Client Privilege

Name, address, and telephone number of diagnosing physician or other healthcare provider:

Dr. Trivedi
5323 Harry Hines Blvd., Dallas, TX 75390-8897

b. Condition: _____

Date of Onset: _____

Name, address, and telephone number of diagnosing physician or other healthcare provider:

c. Condition: _____

Date of Onset: _____

Name, address, and telephone number of diagnosing physician or other healthcare provider:

(Add Additional Sheets if Necessary)

I declare that the foregoing information is true and correct to the best of my knowledge, information and belief.

Rickey Dixon for
Signature

7/30/13
Date

Rickey Dixon
908 Country Creek Lane
Red Oak, TX 75154

Attorney/Client Privilege

Tina Olson

From: Brian Gudmundson
Sent: Wednesday, July 31, 2013 9:16 AM
To: Tina Olson
Subject: FW: Medical form/information for Rickey Dixon

FYI re: concussion client Rickey Dixon

From: dixonldixon4@aol.com [mailto:dixonldixon4@aol.com]
Sent: Wednesday, July 31, 2013 9:15 AM
To: Brian Gudmundson
Subject: Medical form/information for Rickey Dixon

Hi Brian,

I just mailed off our response to the questionnaire that Zimmerman sent out. We were out of town and saw it this week. I noticed that the due date for the information is August 1, 2013, and I am not sure if you will get Rickey's by then so I am supplying you with some information per this e-mail.

Rickey was diagnosed on July 8, 2013 with ALS. His doctor's name is Dr. Trivedi with UT Southwestern. I signed the medical release, please let me know if you need anything else prior to receiving the forms.

Best Regards,

Lorraine